

DECLARATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

"NOVEL COMPOUNDS"

the specification of which (check one)

☐ is attached hereto.

☒ was filed on 01 October 2004
and was amended on

as Serial No. PCT/EP2004/011082
(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d) or Section 365(b) of any foreign application(s) for patent or inventor's certificate, or Section 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Number	Country	Filing Date	Priority Claimed
0323112.3	GB	02 October 2003	YES
0323113.1	GB	02 October 2003	YES

I hereby claim the benefit under Title 35, United States Code, Section 119(e) of any United States provisional application(s) listed below.

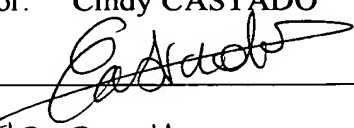
Application Number	Filing Date
--------------------	-------------

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) or Section 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

Serial No.	Filing Date	Status
------------	-------------	--------

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor: Cindy CASTADO

Inventor's Signature: 


Date: Nov 19, 2004

Residence: RIXENSART, BELGIUM

Citizenship: BELGIAN

Post Office Address: GlaxoSmithKline
Corporate Intellectual Property - UW2220
P.O. Box 1539
King of Prussia, Pennsylvania 19406-0939

Full Name of Inventor: Philippe DENOEL

Inventor's Signature: 

Date: Nov 19, 2004

Residence: RIXENSART, BELGIUM

Citizenship: BELGIAN

Post Office Address: GlaxoSmithKline
Corporate Intellectual Property - UW2220
P.O. Box 1539
King of Prussia, Pennsylvania 19406-0939

Full Name of Inventor: Fabrice GODFROID

Inventor's Signature: 

Date: Nov 19, 2004

Residence: RIXENSART, BELGIUM

Citizenship: BELGIAN

Post Office Address: GlaxoSmithKline
Corporate Intellectual Property - UW2220
P.O. Box 1539
King of Prussia, Pennsylvania 19406-0939

Full Name of Inventor: Jan POOLMAN

Inventor's Signature: 

Date: Nov 18 2004

Residence: RIXENSART, BELGIUM

Citizenship: DUTCH

Post Office Address: GlaxoSmithKline
Corporate Intellectual Property - UW2220
P.O. Box 1539
King of Prussia, Pennsylvania 19406-0939

U.S. Patent and Trademark Office: US DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	PCT/EP2004/011082
	Filing Date	01 October 2004
	First Named Inventor	Cindy CASTADO
	Title	NOVEL COMPOUNDS
	Art Unit	
	Examiner Name	
	Attorney Docket Number	

I hereby appoint:

☒ Practitioners associated with the Customer Numbers. 20462

Or

☐ Practitioner(s) named below:

Name	Registration Number

As my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

Or

☒ The address associated with Customer Number 20462

Or

☐ Firm or Individual Name:

Address:

Address:

City:

State:

Zip:

Country:

Telephone:

Fax:

I am the:

☐ Applicant/Inventor:☒ Assignee or record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of RecordSignature: *Marcus Jonathan William Dalton*

Date:

26 NOV 2004

Name: **Marcus Jonathan William DALTON**

Telephone: +44 20 8047 4401

Title and Company: **Attorney and Authorised Official, GlaxoSmithKline Biologicals s.a.**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.

Submit multiple forms if more than one signature is required, see below*.

☐ *Total of: forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is essential to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commission for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/81 (06-04)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office: US DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: GlaxoSmithKline Biologicals s.a.


International Application No./Patent No.: PCT/EP2004/011082 Filed/Issue Date: 01 October 2004

Entitled: NOVEL COMPOUNDS

GlaxoSmithKline Biologicals s.a., a corporation, states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
 2. ☐ an assignee of less than the entire right, title and interest.
The extent (by percentage) of its ownership interest is _____ % in the patent application/patent identified above by virtue of either;
 - A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which copy thereof is attached.
 - OR
 - B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:
 1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
 2. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
 3. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
- ☐ Additional documents in the chain of title are listed on a supplemental sheet.
- ☒ Copies of assignments or other documents in the chain of title are attached.
[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

 _____ Signature	26 NOV 2004 _____ Date
Marcus Jonathan William DALTON _____ Printed or Typed Name	+44 20 8047 4401 _____ Telephone Number
_____ Attorney and Authorised Official _____ Title	

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is essential to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commission for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.